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MENTAL HEALTH

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MENTAL HEALTH

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Editorial

MENTAL NURSES: WHAT IS THEIR FUTURE?

In our last issue, we published extracts from some of the speeches made at our Annual Conference and amongst them the Minister of Health's announcement of his plans for diminishing mental hospitals.

The figure of 75,000 less beds was mentioned and caused much misunderstanding. The Minister has since said that these lost beds represented the normal run down of mental hospitals: that is, numbers would drop because chronic incurable patients would die off and not be replaced by others, since our methods of treatment are now so much more effective. Others, including Lord Feversham, have stressed this point by prophesying that cures for schizophrenia are on the way. We hope very much that this optimism will be justified, though we must be rather more cautious than both these speakers if we remember that treatment needs doctors to administer it and that our medical staffs are still woefully too few.*

But even if there is no great diminution of beds, the implications of the Minister's points were that many patients would cease to be nursed in mental hospitals and instead be cared for in the community or in general hospitals—and it was not clear who was to nurse them there.

Small wonder that these statements have caused much anxiety among mental nurses, young and old. In some quarters it is said, recruitment came to a standstill and though the Minister said in the Commons (see p. 74) that no drop was evident, the figures to support this denial, if any, must have been collected more quickly than most ministerial statistics. But we must hope he is right and that recruiting will remain up. Apart from this, many nurses have felt that the interest of their jobs would be likely to decrease; as the better patients—whom they could help more—would be nursed elsewhere and mental hospitals would therefore become homes for the chronic and incurable. This was the state of affairs before recent advances in psychological and physical treatment, and is remembered only too clearly by many senior nurses of the present day. To return to it now would be far more frustrating than if there had never been progress, and few nurses with any sense of vocation could tolerate it.

We believe that these forebodings are unnecessary and that there will be plenty of work for mental nurses for years. This work may be somewhat different in its nature, and in its location, but there is no reason at all, we are convinced, why it should be any less interesting or any less successful than it is today. On the contrary there should be opportunities for much greater skill, independence

* *See p. 7, Spring issue, 1961.*

and recognition and less of the barrier that mental nurses feel at present often separates them from the public. (Psychological barriers remain even where walls are down and gates open.) That this is the Minister's view may be inferred from his recent remark :

> "Those who enter mental nursing can look forward to a life of variety, movement and opportunity, infinitely more rewarding and adventurous than ever in the past."*

We must hasten to add that there will also no doubt still be work inside mental hospitals for those who would rather have it so.

The Changing Pattern—Domiciliary Work

But if work is to change we must consider the details. What is the pattern for the future? This needs the most careful and extensive discussion amongst leaders of the nursing profession and by them not only with the medical staffs of mental hospitals but with those of general hospitals and with general practitioners too. For this reason we are devoting our present issue to a discussion on the problem and have invited articles from two well-known and progressive chief male nurses. They set out very clearly the present position and work of the nurse which is not so well known outside the hospital as it ought to be. They also discuss the ways in which it may develop in the future.

Clearly one opportunity here is that of domiciliary work. The views of Mr. Thompson and Mr. Moore are not identical here but each favours the extension of the nurses' work into the patient's home and it is clear that the nurse would be the most suitable person to carry out simple counselling with many patients, specially those whom he or she, had got to know well in hospital. If mentally sick patients are to be kept in their own homes rather than sent to hospital, then the overworked G.P. can obviously get most valuable help from the trained nurse. There are, of course, psychiatric and other social workers, and mental welfare officers, who are already coping with this job, but no one can seriously forecast that there will be enough of them in the foreseeable future to cover the vast increase of work to their own or anyone else's satisfaction. Why not use nurses if their hospital work is to diminish?

General Hospitals

The other field of expansion must surely be the general hospitals in which psychiatric units are to be developed. At present of course these exist and some are staffed by trained mental nurses, some by those with general training. There is much to be said for having a mixed staff : more, of course, for having a doubly trained one—but this is scarcely practicable. In any case, the unit with no mentally trained nurses will be seriously handicapped.

To achieve double training would require enormous changes in the training curriculum which are not yet possible. But the policy of

* *See also "News and Notes", p. 68.*

the Royal College of Nursing is towards this, as the following statement shows :

> "Those responsible for organising and conducting nurse training, aware of the widening scope of the trained nurse both within and without the hospital, realise that it is not sufficient for the student nurse to study only the signs, symptoms and treatment of disease. She must recognise also the patients' psychological needs which vary with age, sex and degree of illness. While learning to give basic care in sickness, she must also be taught how to modify the methods by which this is done according to the illness or disability of the individual. At the same time that she learns how to be a safe practitioner of nursing, as for example, in the prevention of cross infection, in the proper use of apparatus, and in the care and administration of drugs, the student nurse must also understand the place and function of the nurse in the whole health team, playing her part in the education of the patient in the maintenance of health and making her full contribution to the total care of the patient."

This may take years to accomplish. Meanwhile a great deal more could be done in gaining experience and in letting the mental and the general trained nurse learn each other's points of view by seconding each to work in the other's hospital for some months. This has been officially blessed for a long time : but relatively few schemes exist.

> "Until March 31st, 1960, only nine mental hospitals were participating in four-year Integrated Schemes of Training with general hospitals, and only six had special schemes which allowed general nurses who had spent three months during their general training in a mental hospital, to enter for the final examination for mental nurses on completion of a further fifteen months."

Mental Subnormality

In all this, the future of the mental subnormality services must not be forgotten. D. Pilkington's article puts the challenge : whose is the responsibility for these patients? His questions are stimulating : and the answers by no means certain yet. What is certain is that there will be nurses required in such colonies or hospitals for many years to come, and that they have a great part to play in training : for recent research has amply demonstrated what can be done for even low grade patients by persistent team-work.

The Doctor's Part

Finally, what part can the medical profession play? A great one, in several aspects. The excellent article from Claybury describes the position from the doctor's angle. There is no doubt that the staff of mental hospitals have a great chance, both in training the nurse and also in acting as spokesmen and advisers, for the nurses who are formulating their own policy. Nurses are not always helped by their training to be vocal : doctors can be their allies—if they see they are wanted as such by the nurses. Perhaps nurses ought to be more explicit in telling doctors where they stand.

Reflections after 30 years of Psychiatric Nursing—Past, Present and Future

By T. THOMPSON, S.R.N., R.M.N., R.M.P.A.
(Chief Male Nurse, Hellingly Hospital, Sussex)

Down through the ages people have become more and more aware of the facts of mental illness. We find this has often been alerted by some reform in legislature, from Connolly at Hanwell and earlier, through subsequent reforms of the 19th century, the Mental Deficiency Act of 1913, the Temporary Patient status and Voluntary Admission in 1930, to our new legislation of today. These changes have naturally affected both lay and medical authorities, and at every stage a hiatus appears between present law and practice, and future trends and plans.

Looking back, legislation and the shift in public attitude to mental illness over more than 50 years has been necessary to achieve the results of today, and dilution and dispersion of the present mental Hospital population will take a great number of years yet; and even with careful planning and an alert awareness of the problems ahead, we shall be very fortunate if we can keep abreast of the needs of our patients.

In the past the brunt of psychiatric care has fallen upon the mental hospitals, and if now the responsibility is being shared with local authorities and community care services, it would be a tragedy if the control and guidance built upon years of experience and research, were to be taken from the parent psychiatric hospital of the area.

Any new means would be welcome that would help to combat an increase of the chronic mental patient in our hospitals, but we must be careful, I think, to avoid dis-service to the community by too hurried planning, too much control by the uninitiated, and "tight purse strings".

The ever increasing numbers of people year by year seeking psychiatric aid, the ever increasing old age population, could "bog us down" again and fill the mental hospitals to overflowing, and we could quite well be back again in the "twenties".

I would like to present rather sketchily an example of the psychiatric service which we provide at Hellingly Hospital for our Catchment Area of East Sussex. They include various sections.

The Long-stay Patient

These are gradually being reclaimed, by means of intensive chemotherapy, work, and group therapy. This programme involves firstly, a rigid segregation of the patient population to facilitate gradual "weaning off" from complete inactivity (called in the past

the demented state) through the stage of earning one's own living outside of hospital, to the happy state of ultimate discharge.

Our pattern at this hospital is aimed at making everyone aware either by suggestion or implication that he or she is employable in some way or another, and that service to the community is paramount. Wards and patients are graded with a set purpose. The nursing staff are made aware of the functions of that particular ward or group of patients, and the response by the nursing staff in promoting the success of these ventures is very gratifying. It is achieved by free discussion and by instilling a feeling of responsibility and team work; a non-regimented and "elastic" approach is encouraged. Nurses are encouraged to treat the patient as an individual and a person.

Patients are categorised very thoroughly as by age, type of illness, length of stay, and compatibility. Each individual passes from group to group as his symptoms are relieved and he begins to realise himself that something is being done.

Commencing with "Remotivation" under constant nursing care and supervision we find distinct changes even in the "lost" schizophrenic: a gradual acceptance of the community and a release from the abject introvert state. This work calls for great patience and flexibility from the nurse and is the most trying of the duties he undertakes. It can be costly in personnel, but has the benefit of passing these patients on to the Industrial Unit from which they once again acquire an entity by the fact of "earning wages" if only within the confines of the hospital at this stage.

Group work under nursing care and supervision is so planned that it is of some value to the community and purposeful in its object. The groups are given a "task"—these are many and varied and include: general working parties, digging of trenches to facilitate telephone cable and electricity cable laying, making car parks, laying paths and roads, making concrete blocks for building within the hospital, foundations to buildings, e.g. Occupational Therapy, Patients' Social Club, Farm and Garden Projects, also outside help to farmers. All these projects are started and completed by the group, thereby ensuring an awareness of the purposefulness of the work.

The nurse plays a big part in the whole of this picture. First by encouragement and by pointing out the usefulness of the work, then stimulating discussion on it, and most important, by reports on the progress of the patients' reactions and approach to life, and a wish to achieve better things.

The patient is again "weaned off" after discussions between medical and nursing staffs. His potentialities are analysed, and he moves on to work in the Industrial Unit, or to work on his own within the hospital community, and is then moved to the "Hostel Ward" for final rehabilitation and resettlement.

In the past year 34 patients have been placed in direct employment outside the hospital, the majority being long-stay cases, some of over 20 years, a very gratifying result when one reflects that previously the sole function of the mental hospital was often only to achieve a discharge into the same environment from which the patient was admitted.

The Problem of the Aged

Medical and nursing staffs in mental hospitals have become acutely aware of the specialised care needed to treat the senile states, and it is hard for the uninitiated to grasp the full impact of confusion and disorientation in the aged. It calls for extra special skills in dealing with this field of psychiatry. Steady progress has been made in relieving the symptoms of senile states, by clinical testing—appropriate drug therapy—vitaminisation, in some cases E.C.T., and a complete therapeutic approach to the whole problem.

The nurse plays a very important part in this team work, and only specialised training in the mental hospital itself can produce the required standard of nursing, and awareness of the problems of the aged.

If one reflects on our entrants from "Old People's Homes" existing at the moment under a Local Authority, one usually finds that the unfortunate old person who has a mild mental abberation has upset the usual routine of the "Home" and so become a problem. Owing to lack of facilities he has to be transferred to the nearest mental hospital for care and treatment. If he recovers a great reluctance is shown to taking the patient back for fear of further breakdowns. So one views with great apprehension the "break up" of mental hospitals and the suggestion of a take-over by the Local Authority of the so-called "Geriatric Units" in mental hospitals.

The Local Authority has in itself an almost unsurmountable problem in dealing with what we might name the "capable aged", who through no fault of their own need community care and we are constantly being informed of this one social problem and the difficulties it presents. Is it wise to add another problem to their burden?

If we reflect on the geriatric states in the psychiatric hospital, we see not only the need of an extra consultant service but also have the corresponding nursing aid to go with it, which is very specialised work. Here is yet another problem. Nurses are understandably reluctant to be "tied down" to just one specific type of patient care, especially one as trying and exacting as geriatric nursing.

Nurses respond to "glamour" perhaps more than any other trade or profession, and "glamour" is far from prominent in this type of nursing care.

As it is, we "get by" in psychiatric hospitals by deployment of nurses into the various aspects of our work and the "interesting" and the more "sordid" types of the professional field are shared, and an over-all experience of psychiatry is gained to the betterment of all concerned.

Domiciliary Nursing Work

With the continued rehabilitation of the "longstay" and the geriatrics, a Nurse Domiciliary Service could be of extreme value in helping to make vital contacts and offer advice and guidance to both ex-patient and relative.

Most patients have had a fairly long stay in hospital, and it is apparent that during their "working out" in the local community they do "lean" on the shelter of the hospital and those that have had care of them.

It has been found that many that return to the community do tend to feel "lost" again, what with experiences of a "new world", public prejudice, tactless approaches; many have lost all previous contacts in society, and find making new friends and contacts a difficulty. This is where I feel the psychiatric nurse can play a great part in comforting and advising, and having had a long contact with the patient, note any changes that may warrant timely intervention, so he may prevent another breakdown, and return to hospital.

As a matter of interest concerning this relationship, we ask a question at one of our meetings, which we hold periodically with the "outside workers", to discuss problems, etc.: "Did they mind the nurse visiting them at their place of work to see how they were getting along", and the unanimous reply was that they welcome it as they felt they could "talk to him", which I think goes to prove their dependency on us.

Nurse domiciliary visiting I feel tends to lend itself more to the rehabilitated and the patient who has spent a fair time in hospital, from a few months to years. The patient in hospital spends most of his time with the nurse, and a great feeling of dependency is experienced, in fact the nurse is his "passport" to practically every daily occurrence, his treatment, the doctor, relatives, weekend leave, social activities, etc. So a camaraderie is built up between nurse and patient, and a great dependence is formed on the part of the patient, and this in itself leads to a trust, and an abstract "father figure" and from my own experiences (thirty years in psychiatry), I feel that if a large number of cases had been visited by their "Old Nurse" after discharge, they would have remained well.

As the "turn over" of patient admission and discharge has increased by leaps and bounds each year, I feel that there is a greater need for this type of work in the community for the trained psychiatric nurse.

As it is a matter of preventive medicine, the local mental welfare officer comes into the picture; but unfortunately all are not psychiatric trained. This is where liaison is of the utmost importance between local authority and the parent mental hospital in seeking advice and help. As the patient undoubtedly comes within some psychiatric orbit, I feel the consultant might well call in the aid of nursing care.

Psychiatric Units in General Hospitals

Here we have to face one unrelenting feature, that of the new admissions. A fair percentage stay for quite a long time before they are well enough to discharge back to the community. So it appears whether we like it or not, facilities for coping with this problem will have to be devised, either by making these units large enough say 3-400 beds, or by the existing mental hospital carrying on as an overflow for the more severe cases.

Take for example the admission rate of our new modern neurosis unit (60 beds only) as compared with the admission rate of the so called "main hospital". After our consultants have contacted somewhere within the region of 3,000 new cases a year in our catchment area, not to mention 3,000 plus follow-ups, we find that approximately *one* per day seeks admission to the new neurosis unit, to *three* per day in the main hospital admission wards, and we must agree that treatment has not advanced so profoundly as to lessen the intake rate of patient admission. Which means that one in four of all patients seeking admission to hospital are being treated in the "short stay unit", the remaining three have to be accommodated elsewhere.

If it is conceived that the psychiatric unit in the general hospital is to receive all the new admissions, it gives one food for thought as to how one is to accommodate such numbers, which runs at present to nearly 1500 patients a year. Come what may, psychiatric aid is being sought more and more each year, and this in itself leads to more "follow-up" care, and day patient treatment.

I would envisage, say, a 60-bedded unit with a day hospital of ten beds attached, and facilities for out-patient treatment or bed numbers related to the needs of the existing clinics operating in the catchment area. But these ideas lead one again to the shortage of the consultant services.

Some cases would inevitably sidetrack these modes of entry by virtue of their disturbing influence on the units, and these would have to be admitted to the parent hospital admission wards for more intensive treatment and stringent observation. The trained psychiatric nursing personnel could cope with some extreme cases in the general hospital unit, but I feel these would be few.

If the unit, however large or small, is to succeed it must have as its foremost policy "that which is best for the patient", which

means expert medical coverage, skilled nursing care, good facilities, nearness to home, and not feeling too far away.

Linked with this the authorities must also give much thought and planning to "cannibalising" the present mental hospitals, not to bulldoze some down indiscriminately and overflow others with the residue of patients, but to pull down *parts* of the existing hospitals and upgrade and modernise the remainder to cope with the entrance from the smaller units in the general hospital. By this we could soften the blow to those who would be unwanted in the short-stay units.

Nurse Training

The versatility of the modern psychiatric nurse can only be acquired if he or she has passed through this complex field.

Down through the years (in the pre-antibiotic era) psychiatric nursing showed a steady pattern, easily absorbed and operated, with the emphasis on custodial care. With advances in psychiatry, a more complex pattern of training has emerged, and to keep apace with these advances the nurse has become more and more a therapist and a vital therapeutic aid to the doctor.

Moving from specialised subject to specialised subject during the course of training, the complete field of psychiatry is covered, and these include work in the "short-stay unit" mild neurosis and hysterias—short-stay psychotics—disturbed new admissions with the accompanying intensive treatments—chemotherapy, electro-plexy, etc.—long-stay wards with its industrial and social rehabilitation schemes of therapy—geriatric and senile states—and the ever-increasing problem of the psychopathic inadequates and the inceptions from the magistrates' courts.

If one logically reviews this vast field, one obviously comes to the conclusion that the complete pattern of training can only be undertaken by the parent mental hospital, with all its "tentacles" stretching out from within its confines to the clinics outside.

This control should be under the supervision of the matron and the chief male nurse of the parent psychiatric hospital training school, who would deploy nursing staff to these smaller units in the general field. The General Nursing Council might well be rather apprehensive of a great number of small units springing up in the areas, owing to their rigid ruling regarding what constitutes a training school, and they would I am sure favour one of a central school of training, where every subject of the syllabus could be expounded.

So in conclusion don't let us regress, but let us approach this new venture with careful and logical planning. It would be disastrous if there were to be a complete split from the present psychiatric hospitals, and if these new proposed units were staffed with half-trained people. In the end only the patient would suffer, and he or she is the complete focus of our work.

A Psychiatric Out-Patient Nursing Service

By STANLEY MOORE, S.R.N., R.M.N., S.T.D. (Lond.)
Chief Male Nurse, Warlingham Park Hospital

The Mental Treatment Act of 1930, in addition to creating voluntary status for patients entering a psychiatric hospital for treatment and care, provided for the setting up of out-patient clinics at which such cases could be seen and properly assessed by a pyschiatrist before hospitalisation was decided upon.

The Act, as a whole, was an enlightened and forward looking piece of legislation and in providing a psychiatric service within the community had taken a tremendous step to encourage the use of specialist help at an early stage in the illness, with the consequent availability of care, treatment either in or out of hospital as the case merited, and the increased possibility of more rapid improvement or abatement of symptoms.

The service, however, whilst providing a specialist psychiatric service within the community, still meant that in many cases where psychiatric nursing supervision was needed, the patient had to be hospitalised. While there was a slowly increasing awareness for the necessity of seeking early advice where psychiatric illness was suspected, the acceptance of admission into a psychiatric hospital still presented a formidable obstacle in many instances. Regardless of this, however, the numbers of admission to hospital increased, particularly after the war, and pressure on accommodation soon led to an alarming degree of overcrowding.

In July 1954 at Warlingham Park Hospital (which serves the Croydon area with a population of upwards of 260,000) constantly recurring problems of accommodation, as a direct result of pressure on beds, led to special consideration of this matter and following discussion with medical colleagues and nursing officers, Dr. T. P. Rees, the Physician Superintendent at that time, decided to implement a scheme to which he had given much thought previously—that of providing a psychiatric nursing service within the community—which would meet the needs of the community by relieving the pressure on hospital beds and thus reducing over-overcrowding with a consequent better service to patients within the hospital.

The out-patient nurses (as they were later called) were to provide a comprehensive service within the community to include :

(i) Supervision of patients not requiring hospitalisation.
(ii) Follow-up and support of discharged patients.
(iii) Supervision of out-patient clinics.
(iv) Organisation and running of out-patient clubs.
(v) Job and accommodation finding.

Initially two nurses were allocated (one of either sex) to implement the scheme and it soon became apparent that there was much to commend it.

Supervision of patients not requiring hospitalisation

(a) Here treatment and nursing care were provided and this avoided family disruption when necessary and the means for a more real adjustment by the patient in his normal environment.

(b) Mental assessment was made and the effect of treatment observed.

(c) A full social history was taken and support, advice and reassurance given to the realtives. Appointment made with psychiatrist as necessary.

Follow-up and support of discharged patients

(a) Observation and assessment of the patient in the "family atmosphere".

(b) Appointment with psychiatrist as necessary.

(c) Support to patient and family given.

Supervision of Out-patient Clinics

(a) Preparation of notes for cases to be seen.

(b) Personal contact made with new cases and already established contact maintained with cases having been seen previously.

(c) Arrangements made for urgent cases to be admitted to hospital and accompanied when necessary.

(d) Reassurance of accompanying relatives.

Organisation and running of Out-patient Clubs

(a) Maintenance of contact with patient in a social atmosphere.

(b) Helping patients to form their own committees and run their own clubs.

Job and accommodation finding

(a) Direct assistance given to patient.

(b) Advice on use of available services.

(c) Personal contact with employers and those providing accommodation.

Once the service was established, its need was clearly shown as the volume of work increased, but as the number of patients treated outside the hospital built up it also became possible to reduce overcrowding within the hospital and the number of beds was gradually decreased.

It was necessary, at a later stage, to increase the number of nursing staff working on the project and two more were allocated. This total of four has remained fairly constant but has been controlled by staff shortage and increasing commitments within the hospital as rehabilitation schemes have been developed.

It has been interesting to note the effect that this experience has had on the nurses involved and their growing awareness of the importance of social psychiatry as a result of having seen the benefits of its practical application. The effect also of personal contact with relatives in their home environment and the reflected benefit the patient may gain from reassurance and support given to them, has been clearly experienced, while the effects of having a psychiatrically ill member of the family on the relatives, have been observed.

The nurses who have been employed on the work have done so voluntarily and while, initially, in certain cases anxieties have been experienced as to how this new experience would be coped with, it has been clear that great personal and professional satisfaction has been derived from their contribution made within the community. They have returned to work in the hospital with a new found responsibility to both patients and relatives, and they see in the patient a more positive potential for discharge from the hospital to the service now existing in the community, and in the relatives a means whereby this may be achieved if given adequate support, reassurance and encouragement.

The practical help and encouragement which has been given to nurses by psychiatrists has done a great deal to provide the confidence needed and the psychiatrists in their turn welcome this additional specialised help which, in many cases, reduces much of the pressure which devolved upon them and provides the means of supplying a much more comprehensive service which relates more realistically to the various and varying needs of the patients under their care in the community.

The problems of geriatric admissions which has caused and continues to cause grave concern in psychiatric hospitals can, it is felt, be alleviated to some extent by the use of an out-patient nursing service. Shorter term admission to hospital should be the aim and wherever possible, in light of home condition and family circumstance, return to the home. Frequent and regular visits by the nurse would be used to provide for the patients' needs and through this the family would receive support and help in coping with their own and the patients' problems. If it became necessary, respite from the continuous responsibility could be achieved by readmission to hospital for a limited period.

While it is to be clearly borne in mind that other members of the community health team (i.e. psychiatric social workers and mental welfare officers) have a special contribution to make in visiting the homes of psychiatrically ill people, it is felt that psychiatric nurses, by virtue of their special training in observation and assessment of mental state, can make a valuable contribution in screening such cases so that only those necessary may be referred back to the psychiatrist when occasion demands, thus reducing unnecessary

consultations and making available more specialised time for new cases.

The fact that the out-patient nursing service at Warlingham Park Hospital was established prior to the Mental Health Act, 1959, has meant that it was already accepted as a part of the plan of development for more comprehensive community care in the Croydon Borough, but experience has shown that it is an essential which should be incorporated into any community service being planned for the care of the mentally ill.

Such a service also has the important advantage that student nurses can be introduced to the care of the patient in the community, so that a much wider development of their skills may be achieved and a broader concept of their function established in the important formative years of training, creating a basis for further experience following qualification. This would do much to allay the fears which have recently arisen regarding the future of psychiatric nursing and would play an important part in the breaking of the barriers between the patient in hospital and the patient in the community.

The function of out-patient nurses should be clearly understood as one of attempting wherever possible, and as members of a larger community service team, to keep patients out of hospital initially or to reduce the need for their admission. To this end they would be allocated patients from the following classes :

(a) New patients seen at out-patient clinics and referred to the service for community care.
(b) Patients discharged from hospital and requiring follow-up supervision at home or in out-patient clubs.
(c) Long-term cases requiring home visits as well as supervision in out-patient clinics.

The duties of out-patient nurses should include supervision of patients in the home and support of relatives where necessary, the frequency of home visits to depend on individual needs. Out-patient nurses should be responsible for reporting on the current mental state of their patients and for ensuring drug supplies. Each nurse would have an "out-patient ward" of some thirty patients for whom he would assume the above responsibilities and would make regular reports on them at a weekly "ward" meeting held by the psychiatrist in charge of community care.

If the community Mental Health Service is to fulfil its function of treating patients outside hospital and reducing the admission rate with consequent pressure on beds, full use must be made of the special contribution the out-patient nurse can make.

The scheme of out-patient nursing at Warlingham Park Hospital has vastly improved the medico-nursing services and has proved of tremendous benefit to the hospital and the community it serves. Future expansion is envisaged to meet increasing needs.

The Future of Psychiatric Hospitals*

by

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It is the stated policy of the Minister of Health to shut down as many as possible of the large mental hospitals within the next fifteen years, basing the future service on psychiatric units and community care. If psychiatric units in general hospitals are to be the basis of the service, it is vital that there should be a great deal of thought and discussion before it is finally decided how they are to be organised. None of us want to keep the present huge and unwieldly mental hospitals, but we have learnt a lot in them. As treatment of psychiatric disorders has advanced, attitudes towards the mentally ill have changed out of all recognition. It will be a great loss to the future if the experience gained in these hospitals is not used in planning the new psychiatric units. Yet there is a real possibility that this may happen. In the present discussions concerning psychiatric units, some fundamental points are in danger of being overlooked. The concept of the psychiatric hospital as a therapeutic community is generally accepted in theory. Nevertheless, there is a tendency to plan psychiatric units on general rather than on mental hospital lines. This is partly due to the fact that progressive change in the mental hospital is comparatively recent; but there is also a strong tendency to delude ourselves that mental and physical illness are essentially the same. This is not so. When treatment facilities and hospital administration are considered, the differences are far more important than the similarities.

"Therapeutic Community" can be no more than a new name for the old mental hospital or psychiatric unit unless it truly implies revolutionary changes in our concept of treatment and administration. The hospital cannot begin to be a therapeutic community unless the whole life of the patient in hospital is seen as treatment: this includes the emotional atmosphere, the kind of personal relationships that surround him, and the ultimate effect upon him of the administrative structure. Our experience of the therapeutic community as worked out in mental hospital wards and administration, may have more to contribute to planning general hospitals than general hospital experience can offer to the new psychiatric units. Psychiatry no longer needs to adopt an inferior or apologetic attitude towards general medicine or surgery: it should share with

* *This article, whilst the responsibility of its authors, has grown out of innumerable discussions and represents the views of many others at Claybury.*

them what has been painfully learnt about the care of patients as people, and it should plan its own units independently.

The general hospital plan of a ward in which beds are shared by a number of different consultants with different ideas is a great obstacle to the development of a true therapeutic community. Since most psychiatric treatment is still empirical it is both good and inevitable that consultants should have varied approaches to the treatment and management of their patients. It is, however, disastrous to a truly therapeutic atmosphere that any single unit or ward should be divided by conflicting and even opposed points of view. It has already been the experience of some hospitals that a therapeutic community is extremely difficult to develop under such conditions. In planning new units it is, in our view, of the greatest importance that this principle should be borne in mind, and that small comprehensive units, each under the direction of a single consultant, should be set up and linked, if necessary, into a larger whole; thus, divided responsibility can be avoided amongst patients who share a common life in a unit or ward.

We have said that the units should be comprehensive and this needs further discussion. It is being generally assumed that long-stay patients—those in hospital more than two years—will be cared for in separate units, apart both physically and socially from the short- and medium-stay patients. The argument that patients are reluctant to go into mental hospitals because they have to mix with, or see, the long-stay patients is already weakened by the thousands of patients who readily seek admission in spite of this. The argument will disappear altogether in future, when no well run psychiatric unit should any longer produce severely regressed and deteriorated patients. It has been adequately demonstrated that such deterioration was not the inevitable result of chronic mental illness. In our view there is a serious danger of putting the clock back by developing separate long-stay units; these will tend to be relatively neglected by a majority of psychiatrists and the patient's present fear of being moved to a long-stay ward in a mental hospital will be replaced by a worse fear of being moved to "another hospital" where they are all "hopeless cases". The very existence of such units may perhaps encourage their unnecessary use, in the same way that locked wards in mental hospitals tend to be used too readily to solve difficult problems. Such hospitals could only too easily fill up with "hopeless" people and once more we should "need" the large mental hospitals which present policies aim to abolish. It has been shown to be possible in a therapeutic community to develop an atmosphere in which more recent patients can benefit from learning to help and care for those who need longer treatment, and in which the general social mixing can be beneficial to both. It helps those who are long-stay to maintain a better social adjustment and it enables the more recent patients to work

through their phantasies of "madness" and to come to terms with mental illness as a community problem, not something to be hidden in an asylum, mental hospital or long-stay annexe, call it what you will.

For the reasons stated we believe that there is a strong case for establishing small comprehensive psychiatric hospitals of 200 to 300 beds, serving circumscribed areas to facilitate community care. We further consider that such hospitals should be planned on a unit basis, each unit being the responsibility of one consultant only, to ensure an undivided therapeutic administration. Such hospitals could be part of general hospitals but this is not essential since they will be carrying out a task different from that of general medicine and surgery. It would be wrong to assume that by making the psychiatric unit as much like the general hospital as possible, the "stigma" of mental illness would be removed, and the primary purpose, of serving the best interests of the patients, might well be frustrated.

The present attempt to make mental illness and the emotions respectable by pretending that mental and physical illness are the same and require essentially the same kind of treatment and care, is influencing the plans for the training of nurses. A comprehensive training, to include mental and physical nursing, cannot be given in a general hospital with only a short-stay psychiatric unit, nor do we think that the present training of a general nurse is a good basis for psychiatric nursing; the general hospital with its hierarchical structure, orientation towards physical illness and pattern of doing things *to* patients is a poor preparation for nursing in a therapeutic community in which activities take place *with* the patient and doing things *to* him is a comparatively small part of treatment. In many regions it is the policy to base the psychiatric services on the mental hospital; psychiatrists from the mental hospital have, or are to have, appointments at the general hospital psychiatric units. and in some cases the nursing staff of the units come from the mental hospital. In whatever way the liaison between psychiatric unit and mental hospital is arranged it seems important to maintain strong links between them, and the nursing staff should be included in the plans. There is reason to think that some general hospitals will resist any such association and will try to keep their own short-stay units isolated from the mental hospitals.

Nurses in the big mental hospitals are naturally anxious at present because their future is so uncertain, and in some places this anxiety has discouraged, probably temporarily, new applicants to the profession. This anxiety will, we fear, be justified if long-term treatment is to be divorced from short-term and the latter wedded to the general hospital. If, on the other hand, the big mental hospitals are gradually replaced by small comprehensive psychiatric hospitals, the care of the long-stay patient need not relapse into the

institutionalisation from which it has been slowly raised during the past fifteen years, and the long-stay patient and his nurses will not relapse into relative neglect.

These matters require urgent attention; Regional Boards are going ahead with plans for short-stay units in general hospitals: existing wards are being adapted and small or medium sized new units built (20 to 100 beds). 200- or 300-bed comprehensive units will be much more expensive to build and we fear that unless adequate money is set aside for them the psychiatric services may be left in a worse state than they are at present; they may have to make do with the big hospitals for long-stay patients, but without the enthusiasm and hopefulness which exists in many of these hospitals today just because, whatever their shortcomings, they are trying to provide a comprehensive service for their patients and for the community.

"Mental Subnormality - Whose Baby"?

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Firstly, I should make it clear that the use of the word "Baby", in the title of this paper, refers to mental, not chronological, age. In other words, I am not restricting myself only to a consideration of mentally subnormal children. Nevertheless, it has some metaphorical meaning in so far as we are discussing a problem whose unpopular aspects are frequently apt to be bounced on to someone else.

It is an ironical characteristic of this "child" in countries all over the world, that, though actual parentage may be uncertain, there are a large number of hopeful father-figures all anxious to control some aspect of its destiny—educators, administrators, psychologists, social workers, psychiatrists, geneticists, biochemists, paediatricians, hospital authorities, local authorities, etc. It may, therefore, be useful to consider what particular qualifications each of these has to adopt this infant speciality.

The fact that, at least in the higher grade children, scholastic disability seems to be the most pressing problem, suggests that educators and teachers have the most fundamental role to play. It has certainly been demonstrated that, by special teaching methods, in E.S.N. and hospital schools, some degree of mental retardation can be largely overcome, and, with some patients, suitably planned education in their formative years can be the vital factor in the ultimate usefulness of their lives. There are many patients, who, however, because of emotional or physical factors, low grade or age, do not respond to these methods, and there are social, medical, rehabilitation and research problems that would not be dealt with

if all the mentally subnormal were regarded as problems of education.

What then, of the psychologists? Here are people whose whole training has been concerned with the detailed functioning of the normal and abnormal mind. They are able to make highly accurate assessments of mental capabilities and potentialities, and are well able to apply known principles of work attitude, incentive, etc. Research methods are strongly emphasised in their training, and, in as much as mental subnormality is a reflection of brain function, they are highly informed on the speciality. There are, however, the questions of physical causes, and local and general malformations inherent in certain syndromes. There are also some psychiatric treatments, especially specific and general drugs, which they are not trained to carry out, and of course, brain surgery belongs to a different sphere. So often in mental subnormality, as in general psychiatry, the body and mind cannot be dissociated one from the other.

In so far as so many different experts are involved in this subject, it might be thought that a person with no specific training in any sphere, but who was an efficient administrator, would provide the best all round service. This certainly happened more in the past, one of its greatest safeguards being that, unlike other diseases, a patient does not usually die from mental subnormality. He can, however, become an institutionalised cabbage, and it is this lack of deep understanding, and of technical and research knowledge, that has prompted the reaction against lay control, at least in this country, during recent years.

It is not an Irishism to point out that all the mentally subnormal are born young—"from birth or an early age"—and this often means that the first person to see the problem is the paediatrician. A sound physical knowledge, along with the possibility of early treatment, can, therefore, be brought to bear on the problem, and there are good possibilities for skilled and fundamental research. Although advice from this quarter is very acceptable to parents, such a person has no specialised training or knowledge of more mature mental disabilities, and is quite unable to accept this responsibility for continuing treatment.

Perhaps, it might be thought, the psychiatrist has the all-embracing skills we are looking for. Trained in medicine, and therefore, well able to cope with physical problems, and with a detailed knowledge of psychology and factors affecting both mental health and illness, here should be a person who could be given continuing responsibility over all grades of patient. A good relationship should be possible with other specialities and extensive research projects can be undertaken. It is with regret, therefore, that one must record the tradition of an unco-operative individualism which militates powerfully against the integration of so many spheres of action that

are essential to the present-day successful treatment of mental subnormality.

Then there are the fringe-figures; the geneticists, the anthropologists the biochemists, etc. In these fields much fundamental research is being carried on, much of which may well lead to effective prophylaxis against many forms of subnormality. At present, however, only a relatively small proportion of the various clinical types are being so tackled, and there is a lot to be done before they have made much impression on the field as a whole. It is vital that their work should be integrated into any practical present-day all-embracing scheme.

Apart from the candidates for fathership of the speciality, what of the homes that are offered? Hospital or support outside? Probably all patients would benefit at some time from the specialised investigations and trained nursing care that can only be carried out in Hospital, and, in a number of cases, from prolonged treatment there. In a Hospital it is possible to concentrate a stimulating "climate of opinion", that is invaluable in effecting prolonged application to this type of work, whose rewards are only subtle and obscure.

New ideas, new investigations, new treatments, new programmes, can be tried, and at times, new discoveries made. The Hospital, however, tends towards isolation, and, without adequate guidance, this rapidly reflects on to patients and staff, so that the all-too-common tradition of a dreary routine institutionalisation is brought about.

Local Authority care, by operating close to the problems in the community, does not suffer from this isolation syndrome, and, by means of its highly developed social services, can often effect the most practical and useful adjustments to a patient's surroundings. Through social work in this way, often the most immediately useful help, within the limitations of present knowledge, can be brought to the patient and the possible future provision of nursing skills in the patient's own home as a "domiciliary service" would very effectively complement this. It has some weaknesses, however, in its diffuse structure and tradition; it is still apt to be pre-occupied with semi-legal limitations rather than clinical problems, it rarely provides a buoyant service for detailed investigations and control treatment, and, if any research is done, it tends to be more concerned with less fundamental social problems.

* * *

In view of this apparent confusion, perhaps it may be more rewarding to look at the problem from another and more obvious point of view—that of the patient. What are his requirements? These vary at different ages—when he is in his mentally and physically formative years, his condition is plastic, and this is nearly

always an inherent force to develop to some extent. Detailed supervisory programmes, with moulding and specialised encouragement along certain lines, are therefore, possible, and training and educative methods, along with attention to frequently-occurring physical factors, are the more rewarding. When the patient is chronologically mature and "set" however, problems of rehabilitation, social factors, and accompanying symptoms of mental illness, demand attention. Also, the degree of mental retardation plays an important part, general physical complications and problems of brain pathology being more prevalent in the lower grades. At all time, there may be the necessity for certain specific therapies—special diets, drug treatments, general psychiatric measures and even brain surgery, and the indications for these require a close and skilled watch to be kept. Whatever level or stage, however, it must be stressed that a patient unsually remains a problem to some degree over the whole of his lifetime, and both he and his relatives require someone to turn to at all times. Split authority leads to confusion that militates considerably against any effective measures.

"Care and treatment" is a phrase frequently associated with the mentally disordered, and, whilst "care" may often be an urgent necessity and part of long-term planning, it is "treatment" that is the main requirement, but one that is often neglected, shelved and tactfully ignored. It is a regrettable truism that the patient never complains about this, and it is the one thing about which M.P.s are not consulted . . .

I have made frequent references to research in this paper. There is no doubt that mental subnormality is the largest, most neglected field in medicine to claim this attention, and yet, it is potentially the most rewarding. It has been authoritatively said that a psychiatric hospital which is not doing research is not doing its job; I would go further than this, and say that anyone connected with the problems of mental subnormality who is not undertaking appropriate research is guilty of negligence. We know so little of effective therapy in this vast field that any discovery would lead to considerable relief of both personal distress and national economy. It is no use leaving this to the ivory towers of the Universities; the knowledge and stimulus are in the field, and it is there that time and money should be spent.

Although mental subnormality is not an infectious disease, in so far as a patient affects his relatives, it behaves like one. The whole home life can be disrupted over a period of many years, and parents in particular often suffer great distress due to misplaced feelings of guilt and responsibility, and to incapacitating emotional reactions. Any good service for the subnormal must take these effects into account, and at all times regard the patient as suffering from a condition for which neither he nor his relatives are responsible.

A question I often pose to nursing students is "Could a person suffer from mental subnormality on a desert island, as, for example, from a broken leg?" The purpose of course, is to bring out the relative nature of the condition, and the effect of culture-pattern. The degree to which eccentricities are tolerated in a country has a vital bearing on the extent to which a mentally disordered person can be outside hospital, and this varies even within a small country like Great Britain. The difficulties of getting a subnormal person out of hospital in the Home Counties, for example, may be much greater than in the industrial North. Also, when community care is being established to any degree, the state of a nation's affluence must always be borne in mind. It is relatively easy for a rich and mature nation to tolerate the mentally handicapped and give them some limited employment, but there is little place for them in the outside pattern of a young, struggling or impoverished country. It is significant that only the inter-war periods saw the main advances away from institutional care in Great Britain.

* * *

I cannot conclude this survey without some reference to the new Mental Health Act. As we all know, this contains a number of detailed provisions, but these all reflect underlying principles, upon some of which it may be appropriate for me to remark. There are greater safeguards for a patient's liberty; apart from the ease of appeal to Mental Health Tribunals, the limitations of formal control of the subnormal and psychopath, whereby they cannot be admitted to hospital after 21, or kept in after 25, unless there are certain additional reasons, reflect the feeling that effective training and treatment of these patients must be carried out by this period, and potential abilities cannot be kept almost indefinitely within institutional incarceration.

The new main gradings of the mentally retarded into subnormal and severely subnormal are much more in accordance with modern clinical knowledge, the former tending to be variants of the normal with functional disability, the latter containing most of the specific syndromes and those with physical pathology. The removal of the old legal barrier between mental illness and mental subnormality, is to be greatly welcomed; so many of the facilities, attitudes and methods of treatment are common to the two branches of mental disorder, and the possibility now of a much greater integration of services may well prove to be the most fundamentally important provision of the New Act.

Finally, of course, there is the much greater emphasis on community care, in close accordance with the outstanding developments that have taken place in psychiatric treatment over the last 20 years or so. Although these have been mainly on the use of physical therapies in general psychiatry, reflected in the considerable

development of psychiatric units in general hospitals, particularly in the North-West, there is good reason to hope that this next few years will see parallel developments in Mental Subnormality. Being a Yorkshire man, I do not dare to quote "What Lancashire does today" . . . with the correct accent, but the Oldham experiment certainly points the way.

The purpose of this paper has not been to make concrete suggestions for any all-embracing scheme for the care and treatment of the mentally subnormal. Its title is a question, and I have endeavoured to pose significant questions in its content. The possible answers I leave for you to discuss, but, whatever scheme you may favour, I think it should inherently co-ordinate all the fields of activity that I have described, and others besides, and it should ensure the active co-operation of all the people influential in these fields. A grudging lip-service is not good enough. Also, I must stress the necessity for an overall guiding authority; consistency of a parental figure is vitally important both to the patient and his relatives. Who is acceptable as having such all-embracing skills and influence to be father of this lost child?

News and Notes

A Mental Health Chair in Bristol

The existing Department of Psychiatry in the University of Bristol is to be absorbed in a new Chair of Mental Health, endowed by donations from the Van Neste Foundation (associated with the National Spastics Society) and from the late Mrs. Cooke-Hurle who had been a member of the University Council since 1909 until her death last year and was the Hon. Secretary of the Somerset Association for Mental Welfare since its foundation in 1915.

It is suggested that the Chair should be given her name.

The staff will consist of a professor (to be appointed shortly), with one lecturer, two tutors and eleven teachers working on a part-time basis; 24 beds in the South-West Regional Board area and two out-patient sessions in Bristol weekly, will be allocated to the department.

Mental Deficiency in Hong Kong

One of the many problems confronting the Hong Kong Legislative Council is that of mental deficiency and Dr. Hilliard, formerly physician superintendent of the Fountain Hospital, was last year invited to make a study of the situation and to advise on measures to meet the need. His report was receiving detailed study and would then be submitted to the Finance Committee of the Council for approval to incur the expenditure involved in providing hospital accommodation and residential and day training centres.

The inadequacy of most of the existing intelligence tests, if applied to children belonging to races or countries for which they had not been devised, and the need for research by a clinical psychometrist was emphasised in the report.

Beauty Therapy in Mental Hospitals

The British Red Cross Society was given an opportunity in 1959 of sending four members to a course in "Beauty Therapy" arranged by Messrs. Atkinson's. Since that time, no fewer than 30 members have been trained and are exercising their skill in mental hospitals in different parts of the country. The value of this particular form of therapy has now won undisputed recognition as a factor in psychiatric rehabilitation.

A new group of 24 Red Cross volunteers attended a "beauty treatment" training course from June 12th to 16th, held at St. Clement's Hospital, Mile End, London, under the direction of Miss Paula Frost, ending with a proficiency test. Further courses have been planned to take place in the autumn at centres in Surrey and Northumberland.

It is hoped that these trained volunteers will be available for work in all types of hospitals with long-stay patients, and particularly for patients in geriatric units.

Cruse Clubs Ltd.

This outstanding example of what can be achieved by voluntary effort was launched in 1958 by its founder, Mrs. Margaret Torrie, who through correspondence became aware of the need of widows for practical help and sympathetic understanding. The work was—and still is—carried on from Richmond (Surrey) where the first group, sponsored by the local Council of Social Service, was formed. Since then, it has been widely publicised and groups and clubs are beginning to be formed in other parts of the country, despite difficulties of finance and premises.

Another important development has been the institution of a Counselling Service for Widows and their Families, and an article on the need for this, written by Dr. Alfred Torrie and published in the *British Medical Journal* in April 1960, brought a flood of letters from doctors in all parts of the world. A booklet, "Caring for the Widow and her Family" has been published giving practical information for counsellors and other social workers seeking to help the widow in the difficult process of adapting to new conditions and giving details about the formalities which have to be undertaken following the husband's death, and about housing, employment, children's education, etc. The first annual report of the movement is also available. A subscription of one guinea includes the *"Cruse Club" Chronicle*, circulated monthly, and financial support is urgently needed to keep pace with the rapid develop-

ments which have shown how unexpectedly wide is the gap to be filled.

Enquiries should be addressed to Dr. Alfred Torrie, Hon. Secretary, Cruse Clubs, 6 Lion Gate Gardens, Richmond, Surrey.

New Day Hospitals

The number of day hospitals is steadily increasing and we have had news of two of those which have been opened during the last few months.

One of these is sponsored by Fair Mile (Psychiatric) Hospital, Wallingford, Berkshire, and has been established in Reading in a converted house. There is accommodation for twenty patients, the majority being acutely ill neurotics between the ages of 20 and 50 for whom it is primarily intended. Active treatment is given for a maximum period of approximately three months.

In addition to various group activities, craft classes and outings, some of them organised by the patients themselves, there are two sessions of group psychotherapy weekly and one meeting when patients meet all the members of the staff and are given an opportunity of airing grievances, making suggestions and discussing specific projects. The hours are from 9.30 a.m. to 4.30 p.m. on five days a week.

Another new day hospital is one held at the West Middlesex Hospital, Isleworth, run as a pilot scheme for the purpose of discovering the extent of the need and if such a need exists at all. This project is an interesting example of joint enterprise between two hospitals, one a general hospital with psychiatric wards and an out-patient department—the other (Springfield) a mental hospital. Patients may be referred from either and a beginning was made with 15, to be increased later to 20 or 25. Sessions are held on weekdays from 9 a.m. to 5 p.m. and the treatment provided includes E.C.T., chemo-therapy and individual and group therapy, in addition to occupational therapy and recreational activities of various kinds. Patients are encouraged to take a share in the running of the hospital and to participate in various committees.

The staff consists of a consultant giving one session weekly, a registrar attending daily, and an occupational therapist, with a weekly visit from a psychiatric social worker. The nursing staff is composed of a Sister with one male and one female nurse.

"Special Hospitals"

It was in July 1959, the month in which the Mental Health Act received the Royal Assent, that a Working Party was appointed by the Ministry of Health with the following terms of reference:

> "To consider the role of the special hospitals and the classes of patients to be treated in them, having regard to the new mental health law and to the provision to be made by the hospital service generally."

The "Special Hospitals" concerned are Broadmoor (opened in 1863

as an "asylum for criminal lunatics"), Rampton and Moss Side (known under the Mental Deficiency Acts as "State Institutions" for mentally defective patients of "dangerous and violent propensities").

Previously the only patients who could be sent to Broadmoor were those who had been charged before a Court. Rampton and Moss Side admitted defectives sent by the Courts, but also others transferred from mental deficiency hospitals because of behaviour which made them unmanageable there. The effect of the new legislation is to make one procedure applicable to all these types of mentally disordered patients and to enable the three hospitals to accept any suitable cases referred to them by the Minister on the ground of requiring treatment "under conditions of special security on account of dangerous, violent or criminal propensities".

The Working Party felt that it was impossible to frame a clinical definition of the type of patient who should be admitted to a Special Hospital but enunciated as a basic principle that this form of care should be used only after all the other possibilities have been carefully examined and considered unsuitable.

The Report discusses the question of security precautions which can be provided at ordinary psychiatric hospitals and notes the varying ability of hospitals for the subnormal to deal with difficult patients themselves rather than seeking to get them transferred to Rampton. Although it cannot be expected that every hospital should equip itself for this purpose the Working Party considers it important that before transfer to a Special Hospital is sought, a patient should be given a trial in some other hospital with stricter security precautions and that Regional Boards should make varying provisions to meet this need.

Special centres, it is suggested, are required, providing :

(i) An investigatory and diagnostic service with advice on disposal and treatment;
(ii) Treatment, if necessary long term;
(iii) Facilities for research.

Centres of this kind should cater for any patients—particularly those diagnosed as suffering from psychopathic disorder—who present special difficulty because of aggressive anti-social or criminal tendencies. They should be available for referrals from psychiatric and other hospitals under the Health Service, Special Hospitals (for further diagnosis and assessment), the community (through direct admission), penal institutions, Approved Schools, and from Courts, and there should be close liaison between such Centres and existing observation and remand centres.

Dealing with the Special Hospitals themselves the Report stresses that it is irrelevant whether or not a patient has been before a Court, but that there should be three main groups :

(i) Patients with normal or near normal intelligence whose predominant feature is psychopathic behaviour;
(ii) Patients suffering from mental illness;
(iii) Patients who are subnormal or severely subnormal.

An attempt was made to arrive at an estimate of the number of cases likely to need accommodation in Special Hospitals under the new regime, but it was found impossible to do this with any accuracy. From enquiries in four Regional Hospital Board Regions it would seem that probably not more than 200 patients at present in mental hospitals would qualify for transfer, and the Prison Commission suggested that possibly 100 persons serving sentences of imprisonment might be transferred on the ground of psychopathic disorder. If diagnostic and treatment centres were to be established and if more psychiatric hospitals provided security precautions, the demand would be still less.

An increase in the medical, educational and allied professional staff in Special Hospitals is recommended by the Working Party as a necessity.

Centres for Psychopaths

Two Centres are to be established by the North-West Metropolitan Regional Hospital Board made possible by a donation of £100,000 given by Lord Nuffield to the King Edward's Hospital Fund for London. The project is based on proposals put before the Board last year by an advisory committee of psychiatrists, anticipating the recommendations made by the Special Hospitals Working Party to which we refer above.

One of the Centres will be for diagnosis. The other is planned for long-term residential treatment designed for "potentially dangerous psychopaths who are not motivated to seek treatment" and for persons with severe anti-social tendencies, such as alcoholism and drug addiction, persistent cheque forgery, neurotic delinquency, promiscuity and homosexuality deemed to be indicative of psychopathic disorder. Both Centres are to be purpose-built. The one for out-patients will probably be sited in London. The residential centre is to be in the country so that outdoor facilities can be provided. Research will form an important part of the project.

Planning of Hospital Services for the Mentally Ill

In a Circular (94198/3/16) issued to Regional Boards and Hospital Management Committee on March 28th, The Ministry refers to the expected decline in the demand for beds in mental hospitals but emphasises, as a parallel development, the increasing need for extending and initiating psychiatric services provided in other ways. These are summarised as including out-patient and day hospital provision : small acute psychiatric units in general hospitals for treating patients as near as possible to their own homes :

(For Press comments, see page 75.)

medium stay units for patients needing a more specialised regime and facilities, possibly on the same site as the general hospital: psycho-geriatric units giving active treatment: accommodation with adequate security arrangements for certain classes of patients.

In the light of these suggestions, Regional Boards are asked to review all their mental hospitals and to make plans for a realistic ten year programme which will ensure that:

> "No more money than is necessary for short term use is spent on the upgrading or reconditioning of mental hospitals which in ten or fifteen years' time are going to be required for some different purpose."

It is recognised that there are some conveniently sited hospitals which could be adapted for short stay purposes and for the rehabilitation of longer stay patients, but "for the large, isolated and unsatisfactory building, closure will nearly always be the right answer".

In an address given by the Minister of Health at the end of May when opening a new nurse training school at Littlemore Psychiatric Hospital, Oxford, the Minister sought to allay the anxieties which might be aroused by the new developments in so far as they affected the future of psychiatric nurses.

> "The apparent paradox of a dramatic and drastic reduction in mental beds," he said. "coupled with a sustained and increased demand for mental nursing staffs, is seen on examination to be no paradox at all, but the logical and inevitable result of changes in the pattern or care and treatment and care which no one can stop and no one, I hope, would want to stop. . . . Mental treatment—every aspect of it—is on the move."

Scottish News

In an interesting and comprehensive Report on "Mental Health Services of Local Health Authorities", the Scottish Health Service Council's Standing Advisory Committee on Local Authority Services, discusses the work to be initiated or developed in the context of the new mental health legislation. The pattern outlined is comparable to that designed by our own Mental Health Act, passed a few months before the Scottish one, but here and there the suggestions made in the section dealing with "Services for Mental Defectives" (a term retained in the Scottish Act) are not so familiar to us, and it is to these we draw attention.

Thus it is suggested that general practitioners should be asked to consult the local health authority about any child patient under three years old showing signs of mental handicap, in order that special help may be given. Conversely if a health visitor discovers such a child, the medical officer of health, it is suggested, should write to the general practitioner concerned asking if he would like to carry out the necessary investigations himself or if he would prefer them to be done by the local authority. The need for a special day nursery (for young children whose mental handicap is too severe for admission to an ordinary day nursery) is advocated.

Local health authorities are reminded of the need for junior occupation centres where at all practicable even if the number of children requiring them is small, as in Scotland the provision of training for mentally handicapped children devolves on the local education authority unless the disability is so severe that the child is considered unsuitable for an education authority type of centre.

In the case of a child whose home is not within reach of a training centre and pending long-term plans for the provision of hostels, it is suggested that the need might partially be met by admitting him to hospital for a period of intensive habit training and other treatment so that he may be made more socially acceptable on return home. Consideration might also be given to the possibility of organising a "sitter-in" service to help parents of home-bound defectives.

A further interesting recommendation—and one reminiscent of the agricultural hostel scheme so successfully carried on in this country during the War years—is that a group of local health authorities might combine to provide a rural training centre for defectives over the age of 16, giving training in farming, market gardening and related skills.

The Report is obtainable through H.M. Stationery Office, price 1s. 9d.

Training of Mentally Handicapped Children

As the meetings of the "Scott Committee" on this subject are nearing their end, a similar Working Party has been set up by the Secretary of State for Scotland under the chairmanship of Mr. Nigel Walker of the Scottish Education Department, with Mr. W. Anderson and Dr. W. W. Sinclair of the Department of Health for Scotland, as assessors.

An Irish Enquiry

A White Paper issued by Eire's Department of Health under the title "The Problem of the Mentally Handicapped", outlines the provision at present existing for persons needing residential and other forms of care and indicates the need for development and expansion. It is estimated that there may be 24,000 mentally handicapped children and adults who are mentally handicapped of whom about 7,000 may require institutional accommodation. At present there are places for 2,620 patients (nearly half of them over school leaving age) in 14 institutions of which all but one are under the control of religious communities. In addition, 2000 patients now in mental hospitals and 450 in County Homes are described as being mentally handicapped. There are in progress two schemes which will result in adding 200 more beds in the near future, but the total need remains acute. The provision of specialised training for staffs is another problem to be considered.

It is interesting to read of recent enterprises initiated by voluntary bodies. These include an institution in Cork for 33 mentally handicapped girls who return to their homes at week-ends and during holiday periods, and a day centre opened by the same association which provides training for ten boys in the morning and ten girls in the afternoon. There is also a day centre in Dublin and one in Waterford. Whether such centres should fall within the ambits of the Ministries of Health, Education or Social Welfare is a question still outstanding.

Following on the White Paper, the Minister of Health set up a Commission of Enquiry to examine and report on facilities and services required in this field.

CHILD VICTIMS OF SEXUAL ASSAULT

MEMORANDUM BY SIR BASIL HENRIQUES, C.B.E., J.P.

This Memorandum is being sent by Sir Basil to several organisations asking for comments and suggestions. The Council of the N.A.M.H. will be considering it shortly.

It may be remembered that in the evidence given by the Association to the Ingleby Committee (in April 1958), recommendations very much on those proposed in the Memorandum were included and reference was made to the new procedure in cases of sexual offences against children adopted in Israel.—Ed.

Your Council is requested to urge the Home Secretary to introduce an immediate change of the procedure of giving evidence before a jury at Quarter Sessions by little girls who are said to have been sexually assaulted.

Parents are very reluctant to prosecute in such cases knowing the fearful ordeal their child may have to suffer.

The following case illustrates what may happen. On February 26th, a child of nine rushed home to tell her mother that she had been sexually assaulted. In order to protect other children, the parents decided to prosecute. The child gave evidence on oath in the Magistrates' Court on April 7th, when the defendant elected to be tried by jury. The next Quarter Sessions began on April 25th. The child was told to be in readiness every day between then and June 1st, when the case was heard.

She is an intelligent child, but was by now very tense and nervous. She had to stand in the witness box before a jury in a public court, and in front of an enthroned Chairman who was wearing a wig, and in the presence of Counsel, also wearing wigs.

After answering several questions, including which Bible she uses, the Chairman asked her if she knew what it meant to take an oath (the only thing she could think of was that an oath is a "bad word"). She replied that she was not sure. The Chairman thereupon directed the jury to dismiss the case as there could be no sworn evidence.

What is needed is:

i that cases such as these should be tried before a jury in a juvenile Court Room,
ii that the Chairman without a wig should sit at a table on the same level as the witness,
iii that Counsel shall not wear wigs,
iv that the general public, but not the press, should be excluded,
v that it should be at the discretion of the Chairman to rule that the name of the witness should not be mentioned in any Press Report of the case,
vi that an experienced member of a juvenile Court panel should sit with the Chairman of Quarter Sessions to asisst him in questioning child witnesses,
vii that the Clerks of Quarter Sessions be asked to put early on the list of trials those cases in which children are known to be witnesses, so that they do not have the strain of waiting indefinitely.

Your Council may have other suggestions for the improvement of procedure.

BASIL L. Q. HENRIQUES

Parliament, Press and Broadcasting

HOUSE OF LORDS

The debate in the Lords on the Hospital Service, held on April 26th roved over a wide field but the mental health service had its full share of attention.

Lord Stonham, who had initiated the debate, referred to the "disastrous speech" made by the Minister at the Annual Conference of the National Association for Mental Health and the forecast that in fifteen years only half the present number of mental hospital beds would be required, as "dangerous nonsense". The present overcrowded condition of mental hospitals and the increased longevity which must result in a greater demand for long-stay beds for deteriorated geriatric patients were two of the factors which would seem to contradict the validity of the Minister's optimistic estimate. In describing the facilities provided by a West Country mental hospital known to him, and the contacts it had made with the community of the area it served, Lord Stonham further said emphatically that in his view the idea of destroying or discouraging such a service in favour of "a local authority set-up which does not exist and could not exist for many years to come" was "both profligate and suicidal".

Lord Feversham, the second contributor to the debate, took a very different view, stating that the N.A.M.H., of which he was Chairman, supported the Minister in principle and agreed with the policy he had been enlightened enough to announce. One factor which might in itself bring about a dramatic reduction in the incidence of mental illness was the discovery of the cause and cure of schizophrenia on which much research was at present being done. At the same time he agreed that there was an urgent need

for developing the community care service, not forgetting provision for the elderly, and for getting the Government to make substantial grants to local authorities for the purpose as well as for training courses in social work. He also asked for confirmation that there was to be a change in the basis of payment of administrative and nursing staffs of mental hospitals to ensure that it will be no longer determined by the number of beds controls as at present. The need for a Royal Commission on the recruitment and training of doctors, with special reference to social and psychological medicine, was another point to which he drew urgent attention.*

Speaking from his own experience, Lord Amulree drew attention to the anomaly of the present situation in which old people no longer needing specialised medical care, were left to occupy much needed beds in hospital wards for long periods while awaiting vacancies in local authority homes while at the same time in such homes there were other old people requiring hospital treatment and not receiving it. Lord Archibald, reverting to this problem in a later speech, mentioned his distress when in visiting a mental hospital he found in the geriatric wards not only patients who were in an advanced state of mental deterioration but also those who merely needed hospital care because of frailty and who were obviously distressed, as were their visitors, by the sights and sounds from which they could not be shielded.

Lord Longford spoke as the President of the National Society for Mentally Handicapped Children. He referred to the pressure on our overcrowded hospitals for the subnormal and to the need for much closer co-operation between hospitals and local health authorities. The local authority could, for instance, help the hospital by providing day special care units for children too severely handicapped for training centres. He voiced the feelings of parents that they should be taken into much closer consultation with hospital staffs concerned with the care of their children and suggested that the rigidly authoritarian attitudes found in some hospitals caused unnecessary suffering. He suggested, further, that every hospital with accommodation for mentally handicapped children should include one parent of such a child on its management committee.

Lord Taylor said he could see no reason why smaller mental hospitals such as those with not more than 800 beds enabling excellent service to be given, should not be used for many years to come. He thought that an impossible burden would be put upon already overworked general practitioners if psychiatric patients were pushed back on to them from the hospitals at too early a stage.

In replying for the Government, Lord Newton said the Minister was right in his estimate that there would be large and progressive decreases in the demand for beds in mental hospitals—though not in the need for psychiatric staff as had been suggested—but planning

** For correspondence following on Lord Feversham's speech see page 77.*

would be flexible enough to be adjusted if the decline did not come about as quickly as was expected. In connection with hospitals for the subnormal, to which the Minister's forecast did not apply—he mentioned the various schemes now in operation for increasing urgently needed beds. He was, he said, interested in the suggestion that every such hospital management committee should include one parent, but noted that it must be remembered that only about 12% of their patients were under the age of 16 years.

HOUSE OF COMMONS

Criminal Justice Bill

On April 11th and 12th the House devoted considerable time to amendments to the Criminal Justice Bill, made by the Standing Committee.

This was followed on 13th April by a request made by Mr. Iremonger to the Secretary of State for the Home Department that he should publish in the Official Report a statement showing the progress made in the seventeen research projects undertaken by the Home Office Research Unit. The seventeen projects ranged from a study of Homeless Borstal Boys to Problem Families. In each case it was stated that separate consideration was being given to the publication of a report on the findings.

Mr. Iremonger then asked for a progress report on the fifteen studies and research projects undertaken with the assistance of Government Grants and asked how the reports were being made available to students and the general public.

A progress report on each of the projects was given with details of the availability of reports.

Mental Health Act

On 13th April, Mr. Iremonger asked the Secretary of State for the Home Department how many persons who were serving sentences of imprisonment and are suffering from psychopathic disorder are detained in hospital by virtue of transfer directions under Section 72 of the Mental Health Act.

In answer, the Home Secretary said that ten persons had been transferred—four are detained in Broadmoor Hospital, four in Rampton, one in Stanley Royd and one in Harperbury.

Mental Health Review Tribunals

On 24th April, Mr. Robinson asked the Minister of Health if he was satisfied that patients detained in hospital are generally aware of the existence of the Tribunals, in view of the fact that up to March only 86 applications had been made.

In answer the Minister said that hospitals and mental nursing homes had been asked to give detained patients and their nearest relatives a statement of their rights, and a series of leaflets was supplied for the purpose. He thought that a clearer picture would emerge from now onwards as to how the scheme is working.

Career Prospects for Mental Nurses

On 1st May, Mr. Robinson said that the Minister's recently announced policy on the future of mental hospitals had given rise to anxiety on the part of mental nurses and had had an adverse effect on recruitment. Other M.P.s endorsed these views and the Minister was asked what steps he proposed to take to restore confidence in the future of the mental nursing profession.

The Minister said he had no evidence of any fall in recruitment of mental nurses and said there was no reason to anticipate a diminution in the effort needing to be devoted to mental treatment.

Community Mental Health Services

Mr. Robinson asked the Minister of Health if he would issue guidance to local health authorities defining the scope and limits of their responsibilities for community mental health services. In reply, the Minister said that detailed advice had already been given but that he would be glad to know of any particular difficulties which Mr. Robinson may have in mind.

Waiting Lists for Hospitals for the Subnormal

On 9th May, at the request of Mr. Robinson, the Minister of Health gave information on the number of people awaiting admission to hospitals for the subnormal and severely subnormal in each region as at 31st December, 1960, and comparative figures for the previous year. The longest waiting list (749) was in the Region of the Welsh Board; the lowest (158) in the Leeds Region.

The over-all total showed a decrease in the waiting list from 5,918 in 1959 to 5,502 in 1960.

Training and Recruitment of Mental Health Workers

On 5th June, several M.P.s expressed concern at the shortage of mental health workers and asked the Minister of Health what steps were being taken to remedy it.

In reply it was stated that legislation is to be introduced to set up a National Council for Social Work Training and this, with the provision of additional training courses, should help.

PRESS

There is a sequel to the report given in the last issue on the advertisements for the two articles published in *Time and Tide* in March. The Press Council, at its meeting on 20th June, "deplored the advertisement because it publicised the subject of mental illness in a distorted and sensational way". It is gratifying to know that the representations made by N.A.M.H. and by other organisations and individuals have been sympathetically considered.

A series of three articles on "Miserable Married Women", by Elaine Grand, was published in the *Observer* during May. The first article, called "The Bored", started with the following quotations

from letters sent to the B.B.C. by ordinary young wives and mothers :

"Only those who have been through it can understand the torture and the strain . . ."
"One's mind goes round and round trying to escape . . ."
"I have almost lost all hope of ever feeling normal again. . ."
"There are many like us, please help us to save our reason. . ."

The second article was called "The Lonely" and here a distinction was drawn between boredom and loneliness. While many of the wives had plenty of hobbies, they lacked human companionship and many of those who had moved to new areas found it impossible to establish any kind of relationship with neighbours. The third article offered some suggestions—hobbies outside the house—part-time work, at times adjusted to suit the worker—clubs, etc. Mention was made of a new kind of voluntary organisation—"The Housebound Wives' Register". This now has 3,000 members throughout the country and is an attempt to put housewives in touch with each other. Miss Grand recognises that because personal effort and initative is required, many women will still find it impossible to take the necessary steps to involve themselves in any form of organisation.

On 19th May, *The Times* gave prominence to the setting up of the first centres for treating psychopaths (see page 67). The announcement drew some comments in the correspondence columns on the statement that the centres will take people "who are not motivated to seek treatment". Baroness Wootton of Abinger interpreted this as meaning that people will go there under compulsion although some of the conditions cited as constituting eligibility for admission were not criminal. She queried our right to deprive of their liberty, people whose standards of behaviour differ from our own. This view was not shared by other correspondents, who felt that the North West Metropolitan Regional Board was to be congratulated on its initiative.

Rampton has again been in the news. In the *Daily Mail* of April 12th, Miss Rhona Churchill's article carried the heading "I'm Appalled by the Story of Mary in the Madhouse". On April 23rd, an article on "The Living Hell of Rampton" by an ex-patient, was published in the *Sunday Pictorial*. Both these articles must have caused distress to the patients and their relatives, particularly perhaps by reference to leucotomy occuring in one of them with the comment that the operation made the patient into "a meek half-wit instead of an aggressive head-basher".

Mr. Christopher Mayhew began a new series of articles on crime and the treatment of criminals in the *Observer* of June 18th, in which he looked at the causes of crime seen from the point of view of the enquiring layman. Subsequent articles will deal with treatment and conditions abroad.

BROADCASTING

B.B.C. Television

The first of a new series of *Eye on Research* programmes on April 19th, dealt with research into drugs which cause hallucinations and which are now used in the treatment of mental disorders. The first part of the programme came from the laboratories of a Swiss pharmaceutical firm where Dr. Albert Hofmann isolated psilcybin from the "sacred mushroom" of the Indians of Southern Mexico. A filmed contribution from Powick Mental Hospital, Worcester, on the psychiatric value of these drugs was included. In another programme of this series, Dr. James Tanner of the Institute of Child Health, London University, dealt with a study of "The Growing Child" and the relation of mental development to physical growth. "Humanity: What is it and Why?", was the subject of the sixth programme on May 24th, answering questions on what determines whether living cells will develop into an ivy leaf, or a rhinoceros or a human being.

Lifeline programmes have discussed "The Power of Faith" (May 19th) when a consultant psychiatrist examined primitive and modern man's attitudes to faith killing and faith healing: Epilepsy (June 2nd): Alcoholism (June 16th) and "Schizophrenia in Children" (June 30th).

In *Viewpoint* on June 14th, an author, a psychiatrist and a doctor-magistrate discussed sources of violence reflected in recent films and novels, to be followed by a second programme on violence in ourselves.

Independent Television

On April 28th the *Warning Voice* programme dealt with the effect of worry and stress on physical health, and on May 12th it discussed the "insidious disease" of apathy best known from the expression "couldn't care less".

Sound Broadcasting

Two N.A.M.H. pamphlets have been on the air recently. "A Letter to a Mongol Baby" was read in two instalments in "Woman's Hour" (April 14th and 21st) and again in "Home for the Day" on two Sundays, May 28th and June 4th. Dr. Ratcliffe's pamphlet "Discipline and the Child" was read on June 1st under the title *Constructive Discipline: a specialist in Child Guidance gives his Views.*

"Instantaneous Healing" was one of the subjects of "Home for the Day" programme on April 23rd, discussed by a psychiatrist and a minister of religion. In Woman's Hour on May 4th, the "Fear of Going Out" was described in letters from listeners, and two programmes (May 18th, 25th and June 14th) were on "Dreams" discussed by a psychiatrist.

In *What's the Idea* programme on June 16th, the subject was "Crime and Punishment" when Mr. Gerald Nabarro, M.P., defended the re-introduction of sterner measures for dealing with criminals and was questioned by Bernard Levin (Asst. Editor of *The Spectator*) and Bernard Williams (Lecturer in Philosophy at University College, London).

In a programme on June 18th interviews were recorded with men and women sleeping out on the Embankment and with methylated spirit addicts in a derelict building on a bomb site. The interviewer was Merfyn Turner, the author of *Forgotten Men*. His concern that we should understand the problems of the deprived and that to be deprived is in itself a problem, was stressed in the *Radio Times* comment; the programme might be looked upon as ending on a "note of total despair", but this was not a reaction which Mr. Turner would share.

A SEQUEL TO THE LORDS' DEBATE

In his contribution to this debate, noted in our "Parliament, Press and Broadcasting" section, Lord Feversham referred to the Minister's statement on the future of mental hospitals and Prof. Titmus's cogent plea for a special and immediate grant to local authorities and for adequate provision for training personnel in order that community care may become a reality, made at our Annual Conference. On the Association's behalf, Lord Feversham followed up his speech in a letter to Lord Newton (who had replied to the Debate on behalf of the Government) and we publish the answer received as an indication of present Governmental attitudes.

April 30th, 1961

Dear Lord Newton,

I am afraid that I did not make myself entirely clear in the House of Lords' Debate last week, and therefore did not get a very clear reply from you on the following point:

> *Does the Government propose to take some step to see that the pay of hospital staffs will cease to be dependent on the number of beds controlled by a particular hospital?*

I am pressing this point, which I think Lord Stonham was also concerned about, because I know that it is one of the points which worries staffs of mental and mental deficiency hospitals (if I may continue to use the old terms) and which may militate against the discharge of patients from hospitals, which is what we all desire. The question which I am pressing affects primarily matrons, chief male nurses, and hospital secretaries. We all agree that the best units are the small units, but if discharging patients means that the matron, chief male nurse, or secretary thereby gets a cut in salary we are imprisoned in a pay machine which works in exactly the opposite direction. We are in fact faced with a situation where a really go-ahead matron who gets patients out of hospital is penalised in her own pocket for so doing. The National Association for Mental Health has reason to believe that this kind of situation can

mean that patients who should be discharged are not being discharged.

The Minister of Health challenged me at the Conference where he made his statement to keep him up to the mark on this kind of point, and I therefore hope he will give me a sympathetic answer to this letter. It is not, to my mind, sufficient to be told that "only the long-stay beds are to be affected by the future blueprint for the hospital services", or that "mental nursing is not a dying profession".

I am sending a copy of this letter to Lord Stonham.

Yours sincerely,

FEVERSHAM,

Chairman, National Association for Mental Health

House of Lords,
Westminster, S.W.1
May 11th, 1961

Dear Lord Feversham,

Thank you for your letter about the system used to determine the salaries of senior hospital administrative and nursing staff.

As I think you appreciate, this is a matter in the first instance for the Whitley Councils concerned. In fact, the Whitley Council for Administrative Staff have already taken action, and the two Sides of the Council are at present engaged on a detailed study of proposals for reforming the existing system. I am sure the Whitley Council are fully aware of the drawbacks of a system which places so great an emphasis on beds to the exclusion of other factors affecting administrative responsibility, and which also is too rigid in its application in individual cases.

As regards matrons, the Whitley Council for Nursing Staff inherited the "beddage" system from the old Nurses (Rushcliffe) Salaries Committee, so that it has been in force now for nearly twenty years. It is open to the same objections as the system in force for administrative staff. So far as I am aware, no proposals for its reform are actually before the Whitley Council, but I believe that this is largely because there is no need to duplicate a study that is already being made. I understand the Whitley Council for Administrative Staff are making the running, and that the Whitley Council for Nursing Staff will in due course consider how the results of the other Council's researches and examination of the problem can be applied to the determination of matrons' salaries. (I have written in similar terms to Stonham.)

I am afraid there was not sufficient time at the end of the Debate to allow me to answer all the points you raised in your speech, and so I shall do so now.

You asked whether the Government would make a grant to local authorities specially earmarked for community care. This question arose when the Mental Health Bill was before Parliament

in 1959, but the Government were satisfied that it would not be right to depart from the new principle of the general grant from the Exchequer.

An assurance was given at the time that full account had been taken of the need for increased expenditure on the local authority mental health services in calculating the size of the general grant for the first two-year period of 1959-61. In fixing the size of the general grant for the current two-year period of 1961-63, substantial provision has similarly been made to take account of the steeply rising trend of expenditure.

You also made two points about the training of social workers. On the first let me say that the importance of training for mental welfare officers is fully appreciated. While it is too early to say how the places on the three two-year "Younghusband" pioneer courses will be taken up, I understand that most of the candidates have come from among local authority welfare officers. This does not mean that there should not be one-year emergency courses, but it has been thought desirable, in advance of new legislation setting up a National Council for social work training, to get some full Younghusband courses going. The National Council, when it is set up, will be able to consider how the normal training requirements can best be adapted to meet the varying needs of officers in post.

As regards your second point, central grants to individual students training in social work have been given for particular kinds of social work because of special circumstances. But local authorities, supported by the general Exchequer grant, have wide powers to give grants to students who wish to train for social work in any capacity, whether at universities or at technical colleges or at other colleges of further education; and it is thought right that these arrangements should apply to the new two-year general training in social work proposed in the Younghusband Report.

You asked whether an endeavour would be made to include education in social and psychological medicine in the training of more doctors. I understand that the General Medical Council, who are responsible for maintaining the standards of medical education, published revised recommendations on the medical curriculum in 1957, after extensive consultation, and that they recently received from medical schools reports on the implementation of these recommendations which they are now considering.

The 1957 recommendations stated that the attention of the student should be continuously directed to the importance of the inter-relation of the physical, psychological and social aspects of disease and that instruction in psychological medicine should be carried out mainly in a psychiatric department, where neuroses and psychoneuroses could be studied, and should include demonstrations at psychiatric hospitals.

The Privy Council, who have certain default powers in relation to the standard of proficiency at medical examinations secured by the General Medical Council, have no reason to doubt that the Council in their recommendations took full account of the needs in psychological and social medicine (consistent with their declared policy of leaving scope for the exercise of initiative and experiment on the part of the medical schools) and will continue to do so in their current consideration of the reports they have received.

You asked for a guarantee that the prestige of long-stay psychiatric hospitals would not be allowed to fall, and you also suggested that a plan should be produced for the integration of medical and nursing staff. I think that both these points may have sprung from the idea that there is a danger that long-stay hospitals for the mentally ill will turn into "dumps". (I am referring only to the mentally ill, because different factors affect the hospitals for the subnormal.) In fact units for longer stay patients, just as much as short stay units, will provide active treatment, and I do not think there is any danger of their ever turning into "dumps". But the Minister would agree that it is desirable that there should be arrangements for the sharing, interchange and transfer of staff between the various types of psychiatric unit, and this will be brought to the attention of hospital authorities.

You also mention research. As I think you will know, the Medical Research Council have substantially increased their activities in the field of mental health, and a large programme of work is now going forward.

Yours sincerely,

NEWTON.

N.B.—Owing to pressure of space Reviews of Books have been held over till the next issue.

Recent Publications

Received for Review

THINKING AND PSYCHOTHERAPY. AN INQUIRY INTO THE PROCESSES OF COMMUNICATIONS. By Harley C. Shands, M.D. Harvard University Press. London: Oxford University Press. 45s.

EXPERIENCES IN GROUPS AND OTHER PAPERS. By W. R. Bion. Tavistock Publications. 20s.

THE CRISIS IN PSYCHIATRY AND RELIGION. By O. Hobart Mowrer, Research Professor of Psychiatry, University of Illinois. Distributed for Elsvier by D. van Norstrand Co. Ltd., London. 15s.

THE PSYCHOLOGY OF AFFILIATION. EXPERIMENTAL STUDIES OF THE SOURCES OF GREGARIOUSNESS. By Stanley Schachter (Department of Psychology, University of Minnesota). Tavistock Publications. 30s.

DELINQUENCY AND OPPORTUNITY. A THEORY OF DELINQUENT GANGS. By Richard A. Cloward and Lloyd E. Ohlin. (New York School of Social Work.) Routledge & Kegan Paul. 25s.

THE PSYCHOLOGICAL CARE OF THE CHILD IN HOSPITAL. By Agatha H. Bowley, Ph.D. Livingstone. 4s. 6d.

AN APPROACH TO COMMUNITY MENTAL HEALTH. By Gerald Caplan, M.D., D.P.M. Tavistock Publications. 25s.

THOUGHT REFORM. A PSYCHIATRY STUDY OF BRAINWASHING IN CHINA. By Robert J. Lifton, M.D. Gollancz. 30s.

THE PRACTICE OF MENTAL NURSING. By May Houliston, R.G.N., R.M.N. 3rd Edition. Livingstone. 10s.

FREUD AND THE POST-FREUDIANS. By J. A. C. Brown. A Pelican Book. 3s. 6d.

THE SELF IN PILGRIMAGE. By Earl A. Loomis, M.D., Prof. of Psychiatry and Religion, Union Theological Seminary, New York. S.C.M. Press. 6s.

PROBATION—THE SECOND CHANCE. By J. St. John. Vista Books, London. 25s.

LEARNING TO LOVE. A WIDER VIEW OF SEX EDUCATION. By Alan H. B. Ingleby. Robert Hale Ltd. 10s. 6d.

HANDICAPPED CHILDREN. By Dr. John Kershaw, M.D., Medical Officer of Health, Colchester. Wm. Heinemann Medical Books. 21s.

WHO'S WHO—AND WHY? By Roger Pilkington. Delisle. 5s.

THE ADOLESCENT 1961. Publishing Manager, B.M.A. House, W.C.1.

TEENAGE MORALS. An "Education" pamphlet. Councils & Education Press, 10 Queen Anne Street, W.1. 2s. 6d.

OUR ADULT WORLD AND ITS ROOTS IN INFANCY. By Melanie Klein. Tavistock Pamphlet, No. 2. Tavistock Publications. 3s. 6d.

OLD AGE. A REGISTER OF SOCIAL RESEARCH. National Corporation for Care of Old People, Nuffield Lodge, N.W.1. 10s.

CENTRAL HEALTH SERVICES COUNCIL. Human Relations in Obstetrics. 6d.

ADOPTION AND WHAT IT MEANS. National Council for Unmarried Mother and her Child, 255 Kentish Town Road, London, N.W.5. 5d. post free.

ADVISING THE CITIZEN. Published for National Citizens' Advice Bureaux Committee by National Council of Socical Service, London, W.C.1. 5s.

THE PROBLEM OF THE MENTALLY HANDICAPPED. Government Publications Sale Office, G.P.O. Arcade, Dublin. 1s. 6d.

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Visiting Psychotherapists: MRS. DORIS LAYARD, M.A., B.Sc.
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Dr. Earl's approach has been to investigate the complex nature of personality by considering some nine relatively simple aspects of it, and the basis of his work is the careful observation of the patient, not only in the clinic and under test, but in every aspect of his living and development. Psychological testing methods are discussed, with particular reference to the author's own Moron Battery, a set of form tests devised to predict the likelihood of social survival in subnormal young men.

Subnormal PERSONALITIES

With a section on the treatment and training of Adult subnormals and two appendices on clinical Mental Testing and Earl's Moron Battery by **H. C. Gunzburg,** M.A., Ph.D., F.B.Ps.S. Foreword by **Kenneth Soddy,** M.D., D.P.M.

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Summer 1961

NEWS MH LETTER

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MAURICE CRAIG HOUSE · 39 QUEEN ANNE STREET · LONDON, W.1
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Religion and Mental Health

At a meeting held in London on June 26th, arranged by the N.A.M.H. in collaboration with the Churches' Council of Healing and the Central Churches Group of the National Council of Social Service, the Rev. George C. Anderson described the origin and work of the Academy of Religion and Mental Health, New York, of which he is the Director.

Nearly six years ago he conceived the idea of creating such an Academy. The idea had quickly made its appeal, and the Academy at the present time numbers over 3,000 members—psychiatrists, physicians, psychologists, clergy, sociologists and a few cultural anthropologists. Monthly discussions are held in 70 cities and a project has recently been initiated for developing curricula for theological students, made possible by a substantial grant received for it from the United States Public Health Service.

After comments by Dr. Doris Odlum, speaking from the point of view of a doctor, on the position in this country, the discussion was opened by the Rev. R. Brighton (Methodist Society for Pastoral and Medical Psychology), and many questions followed. There was an evident desire for some practical follow-up of the meeting in the direction of bridging the gap between psychiatrists and clergy (which, it may be remembered, was fully discussed in the Spring 1960 issue of "Mental Health"). As a first step, a questionnaire prepared by the Churches' Council of Healing, was distributed with the purpose of ascertaining whether the clergy present would be prepared to take part in a proposed "survey of the mental health situation as it impinges on the local church".

National Institute for Social Work Training

Following on the announcement that this Institute is to be set up on October 1st under the directorship of Mr. Huws Jones, the N.A.M.H. sent a statement to the press welcoming the news, but at the same time drawing attention to the prolonged delay in introducing legislation for setting up a National Council of Social Work Training on which the recommendations made by the Younghusband Report in 1959 depend.

The statement announced the intention of the Association to urge on Mr. Huws Jones the importance of running courses for senior established mental welfare officers, emphasising our conviction that one of the most urgent tasks that lie ahead is that of recruiting a body of trainers to act as tutors to the new courses.

The pioneer work carried on by the Association in this whole field of training, including its Courses for teachers of severely subnormal children and adults for which no other body is responsible was also stressed.

Conference on the Ingleby Report

This Conference, preliminary notice of which was given in our last News Letter, has been given the title "The Need for Co-operation in Special Services for the Child Delinquent—an Appraisal following the Ingleby Report". It will be held on November 15th at the Friends' Meeting House, Euston Road, N.W.1, and at the morning session Dr. J. Stewart Prince (Medical Director, Child Guidance Unit, Woodberry Down Health Centre) will be in the Chair. The afternoon session will take the form of a Brains Trust.

Applications for tickets, price 30s. to non-members of the N.A.M.H. and 25s. to members, should be made as soon as possible.

N.A.M.H. Courses and Conferences

School Medical Officers

A Refresher Course in London for Medical Officers who had previously attended one of the full three weeks' Courses some years ago, was held in June with Miss Grace Rawlings as Director. It was attended by 32 doctors who greatly appreciated this opportunity of getting abreast with recent development in regard to the assessment of mentally subnormal children.

Mental Welfare Officers

A second Induction Course for newly appointed Mental Welfare Officers will be held at High Leigh, Hoddesdon, Herts., from November 27th to December 9th, 1961, with Miss D. M. Thornton, Head Almoner of the Middlesex Hospital, as Tutor.

The Refresher Course for Mental Welfare Officers organised by our Northern Branch will begin on September 4th with a full compliment of students. Parts I and III will be held at Tetley Hall of Residence, Leeds.

General Practitioners

A further residential weekend Course on "Psychiatry for the General Practitioner", under the chairmanship of Dr. T. P. Rees, is being held from November 17th to 19th, 1961, at the Waverley Hotel, Southampton Row, W.C.1. Particulars will be sent on application to the Education Department, 39 Queen Anne Street.

Chaplains

For chaplains newly appointed to Psychiatric Hospitals we are holding, also at the Waverley Hotel, a residential Study Conference from October 16th to 19th, 1961. Priority will be given to chaplains appointed since November 1961, but other applications will be considered and are invited.

"Back to Work" Conference

The N.A.M.H. Northern Office is arranging a Conference on this subject with reference to the employment of the mentally dis-

ordered, to be held in Harrogate on Thursday and Friday, October 26th and 27th. Sir Kenneth Parkinson will give the opening address. Tickets, price 25s., may be obtained from the Conference Secretary, N.A.M.H., 9 Mount Preston, Leeds, 2.

Advance notice from Headquarters is given of another Conference on this same subject planned for the Spring of 1962 in Birmingham. It will be open to employers, Local Authority Officers, Disablement Resettlement Officers and Trade Unionists from the Midlands and from the area of the Oxford Regional Hospital Board.

Teachers of the Mentally Handicapped

One hundred and twenty students have recently received their Diplomas on successfully completing the 1960-61 full-time Courses held in London, Bristol, Manchester and Birmingham. Candidates for the 1961-62 Courses have now been selected and a new Course will be held in Sheffield.

Staff news

Headquarters

At the end of July our Advisory Casework Department lost the services of Miss G. M. Wilcox who since 1957 had been its Senior Psychiatric Social Worker. Miss Wilcox's long experience made her a valuable member of the staff and she will be greatly missed. We wish her every happiness and the opportunity of new ways of service on her retirement from full-time work.

The many members of Voluntary Associations who have met Miss McClellan either at Headquarters or in their own areas, will be interested to hear of her recent three weeks' tour in the U.S.S.R. and Poland, as leader of a delegation from the Women's Group on Public Welfare. We hope to publish some impressions of this extensive and strenuous tour in the Autumn issue of *Mental Health*.

Miss Iris Calman, who is half way through the research on adoption cases, for which the Buttle Trust gave the N.A.M.H. a grant, was married on June 17th to John Goodacre but will continue to carry on her work until it is completed. We wish her great happiness in her new life.

Northern Office

An interesting and very welcome addition to the staff of our Northern Office was made on June 1st when Mrs. Farrow began work as permanent Tutor for the various Courses organised by the Association. The appointment is a joint one, made by the West Riding County Council and the N.A.M.H. to whose service she will give one third of her time.

Congratulations

The news that Mr. Jack Westmoreland's name appeared in the Birthday Honours List of recipients of the M.B.E. was greeted with great satisfaction by his friends at Queen Anne Street. Mr. Westmoreland is well-known in the mental health world as Hon.

Secretary of the Society of Mental Welfare Officers and as Mental Health Officer in Nottingham, and he is also a member of our Council and Executive Committee. We offer him our very sincere congratulations on this public recognition of his many services.

Another good friend of the Association and a one-time member of its Regional Psychiatric Community Care staff, who has been honoured by the award of an O.B.E., is Mr. Kenneth Brill, Children's Officer for the County of Devon. This news also was greeted with acclamation at 39 Queen Anne Street.

Lastly, we are glad to know that a member of the Association of Teachers of the Mentally Handicapped—Miss D. T. Mead, Head Teacher of The Manor (Hospital) School—received an M.B.E., and to her, too, we offer our congratulations.

Lord Feversham

Members of the Association will be interested to know that our Chairman has been appointed by the Minister of Labour to be chairman of the National Disablement Advisory Council on the Employment of the Disabled.

Recent Publications

Since the last News Letter the following publications have been added to our list :

Emerging Patterns for the Mental Health Services and the Public

Proceedings of the Conference held at Church House, Westminster, on March 9th and 10th, 1961. Price 5s. By post 5s. 5d.

Child Guidance and Delinquency

Proceedings of the 17th Child Guidance Inter-Clinic Conference, April 1961. Price 3s. 6d. By post 3s. 10d.

Patterns of Care

A Study of Provisions for the Mentally Disordered in Two Continents. By Kenneth Robinson, M.P. Price 2s. 6d. By post 2s. 8d. *Ready shortly.*

This is the report of the tour in Holland, France, the U.S.A. and the Soviet Union made by Mr. Kenneth Robinson during World Mental Health Year with the help of a Travelling Fellowship from the Bruern Trust.

The N.A.M.H. Guide to the Mental Health Act (price 2s. 9d. post free) has been well received and a large number of copies have already been sold.

Residential Services

For many years the Residental Services Committee at Headquarters has been responsible for all matters connected with the administration of our Homes and Hostels. It has, however, been the policy of the Committee gradually to delegate some of its responsibilities to Local Management Committees consisting of people

interested in each Home or Hostel and able to make personal contacts with it at close quarters. For some time these Committees have been in process of formation and development and the time has now come when it is felt they are able to assume responsibilities formerly devolving on the Committee at Queen Anne Street.

At its last meeting on July 12th, Lady Norman paid a tribute to the chairman, Mr. George Mitchell, who had steered the Committee through many crises, and to the members who had served it so faithfully, some of them for a number of years.

Parnham, Beaminster

We record with pleasure the interest taken in the Home by a group of students of Berridge House Training College of Domestic Subjects (London, N.W.6) who have knitted bed jackets and bed-socks for our old ladies, and have made two dozen cushions of different sizes. In addition they have presented us with a beautiful set of hand-made curtains for the Library which were hung by four students who came to Parnham for the purpose.

We are also glad to express our gratitude to the help given by Father Owen, Society of St. Francis, who comes from the Society's School at Hooke of which he is Headmaster, to hold a short service at the Home every Monday morning with a monthly Communion service. Miss Parry, who organises occupational activities, suggested that some of the old ladies might like to help the school by mending socks and eight to twelve pairs are now tackled weekly.

During the summer, the house has again been open one afternoon a week to visitors interested in historic buildings on payment of 2s. 6d.

Fairhaven, Blackheath (Boys' Hostel)

At the time of writing, the hostel is full and there is a waiting list. All the boys in residence are employed, and job finding does not present a problem because of the great help given by the Youth Employment Officer in Deptford.

Ninety boys have passed through our hands since the hostel opened, and the majority of those who have left are living either in their homes or in lodgings and are making good progress. Quite a number of them come back to visit us and some joined an outing of residents to Southend recently.

Fairlop, Leytonstone (Girls' Hostel)

After only one year's running, this hostel is full and we have been able to find lodgings for three girls who came to us when it opened. Some others have returned to their homes and all are making satisfactory progress.

The girls at present in residence are, with one exception, working in shops and factories. Recently the vicar of the local parish church took five of them to Southend to be confirmed by the Bishop of Barking.

Hostel for Maladjusted School-leavers (Boys)

In our last News Letter we referred to the unavailing search for premises for this new Hostel to be opened as the result of a

grant from the Buttle Trust. We are now glad to be able to report that, at last, success has been achieved (subject to planning permission being given) and a suitable house in Streatham has been found. Further good news is the appointment of Mr. David Wills, well-known for his work with maladjusted young people, as Warden.

Other Recent Appointments

Mr. J. Mallory Weber, B.A., M.Sc., Research Worker for the Hostel projects.

Mr. W. G. Thompson, M.A., Part-time Psychologist for the Hostels.

Mental Health National Appeal (8 Wimpole St., W.1. Langham 0145)

For the London Flag Day on October 10th, donations amounting to £796 10s. 8d. have been received up to the time of writing. A special Law Courts Unit for flag selling has been set up by Lady Merriman. The City of Westminster has been divided between Lady d'Avigdor-Goldsmid and the Camphill Village Trust under Mrs. Arthur Macmillan. Organisers for Fulham and St. Pancras are still needed.

A record number of 460 borough organisers, depot holders and sellers attended the Garden Party held, in brilliant sunshine on July 6th, at 4 Halkin Street, when the hosts were Lord Feversham and Mrs. R. A. Butler. Copies of Lord Taylor's speech briefing prospective flag sellers, may be obtained from the Appeal Office.

On Thursday, September 28th, in connection with the Flag Day, Miss Applebey is giving a five-minute talk in the B.B.C. Home Service before the one o'clock news.

Provincial Flag Days have been held during the last few months in Portsmouth, Tonbridge and Cheadle and Gatley. Portsmouth, organised with the help of the local Association for Mental Health, raise £500; Tonbridge, with the help of the local Society for Mentally Handicapped Children, raised £231, and in Cheadle and Gatley approximately £50 was collected. Further Days are being arranged in Canterbury, Bucks. County, West Suffolk and Essex.

1,620 copies of the new booklet on schizophrenia, prepared by the Mental Health Research Fund, have been distributed free and as a result, the Fund has received over £2,000 in donations. The booklet was issued in response to requests stimulated by an advertising campaign launched in the national press.

Speaker Service

This has been arranged for schools and local organisations wishing to hear about the National Appeal, through talks and films. A steady stream of donations is being received as a result.

Nineteen universities in England and Wales have been asked to consider the National Appeal as a possible cause to which to give their 1962 collections during Rag or Carnival Weeks.

N.A.M.H. Northern Branch Shop

The "Nearly New" Shop, referred to in our last issue, has now established itself on a firm foundation in its Harrogate premises. It sells good quality used women's and children's clothing, at a price agreed upon with the owners wishing to dispose of them, and a third of the selling price obtained is allocated to the Association's funds.

We feel the Northern Committee and the voluntary workers by whom the shop is kept going, are to be congratulated on this original enterprise.

N.A.M.H. Christmas Cards

At this time of year it is difficult to turn one's mind to Christmas, but members with friends overseas may nevertheless like to be informed that our folder with reproductions of 1961 cards on sale is now available and may be obtained on application. There are four attractive new designs: "Otter Standing", by Peter Scott; "Flight into Egypt", a Dutch Wood Carving reproduced by permission of the Rijksmuseum, Amsterdam; "Madonna and Child", by Durer, from the Kunsthistorisches Museum of Vienna; "Flowers from Galilee, by Paul Furse, and two animal cards in lighter vein—"Glastonbury Thorn" and "Two Robins".

News of Local Associations

Most local associations have recently held their annual general meetings and we have been interested to receive reports of their work.

Bournemouth. A number of interesting public meetings were held during the year on subjects ranging from "The Mental Health of Refugees" to "The Impact of the Mental Health Act on a Mental Hospital". All the meetings provoked lively discussion.

Buckinghamshire. The Association records another year of progress and achievement. It acts as agent for the County Council in organising a home tuition scheme for those who cannot go to a Training Centre. Transport, always a problem in rural areas, has been made available to relatives visiting Peppard Chest Hospital and Borocourt.

Devon and Exeter. Two members of this Association have been appointed to the Mental Health Review Tribunal for the region. During Mental Health Week, 1960, the inaugural meeting of the League of Friends of Exminster Hospital—in the formation of which the Association had taken the initial steps—was held. Eight successful open meetings were held during the year.

Ealing. The transport service in taking visitors to Springfield Hospital on Wednesdays was extended to Sundays during the year. During the time that visitors are with the patients, other patients are taken on shopping and tea expeditions on Wednesdays, and for private visiting on Sundays. Newly discharged patients are visited.

East Grinstead. This Association has ambitious plans for the building of a larger hostel to replace their existing one. It would

house twelve residents and would provide accommodation for the social worker.

Portsmouth. This Association now has 170 members. Activities included a programme of talks on mental health topics and a number of successful social and fund-raising events.

Somerset. Another year of successful activity is reported. Social clubs have been established at Taunton, Minehead, Bridgewater, Yeovil and Weston-super-Mare. The care and aftercare of mentally subnormal patients has continued to occupy the time of groups of voluntary visitors, who work closely with the officers of the County Council. St. Margaret's, a short-term care and holiday home for mentally handicapped children, has been established in conjunction with the Weston-super-Mare and District Society for Mentally Handicapped or Spastic Children.

Staffordshire. During World Mental Health Year many Open Days and Exhibitions were held at training centres and hospitals and one of the centres was featured in a television programme. The Association made arrangements for 194 pupils from training centres to have holidays during the summer of 1960.

Twickenham. Several members of the committee gave talks to other voluntary organisations in the area, thus contributing to the programme of public education. Fund-raising activities were held during the year and the Association worked strenuously for the Mental Health National Appeal Flag Day.

Wirral. This Association is now ten years old and is happy to announce that The Rt. Hon. The Lord Cohen of Birkenhead has become its Patron. Membership has increased to 120. Its work is divided into four parts—educational activities, practical service, the issue of a news letter and participation in the work of other bodies.

Wisbech. In its 11th annual report, the Committee expressed its satisfaction at the progress made in its work for the mentally subnormal.

Northern Ireland News

The Northern Ireland Association for Mental Health issued, in May, its first News Sheet.

The Association is to make an annual award to any qualified nurse actively engaged in psychiatric nursing either in hospital or in the community, for an essay on a psychiatric topic. The Board of Examiners will be under the chairmanship of Professor J. G. Gibson. Further details may be obtained from the Association's Office, Bryson House, 28 Bedford Street, Belfast 2.

A Refresher Course for Workers with Special Care Patients was held in the Institute of Clinical Science, Belfast, and at Muckamore Abbey, for three days at the end of June. News is also given of other courses and meetings arranged in various centres in the country, both by the Association itself and by other bodies.

St Christopher Press Ltd, Letchworth, Herts